





AN  
INAUGURAL DISSERTATION  
ON  
OPHTHALMIA,

SUBMITTED TO THE EXAMINATION

OF THE

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PRO TEMPORE,

THE TRUSTEES AND MEDICAL FACULTY,

OF THE

UNIVERSITY OF PENNSYLVANIA,

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FOR THE DEGREE OF

DOCTOR OF MEDICINE.



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BY DAVID MOORE,

OF VIRGINIA, HONORARY MEMBER OF THE PHILADELPHIA  
MEDICAL SOCIETY.

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.....  
1807.



TO  
MR. MATTHEW MYRICK,  
OF  
VIRGINIA.

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DEAR SIR,

IMPELLED by motives of gratitude and affection, I must beg leave to offer this small tribute of my respect, to you; from whom I have received so many proofs of friendship; in doing which, I am fully conscious how little you are in need of it from such as myself. Already has the philanthropy which you have exercised, allured the affections of many, commanded unbounded respect, and secured you the warmest admiration.

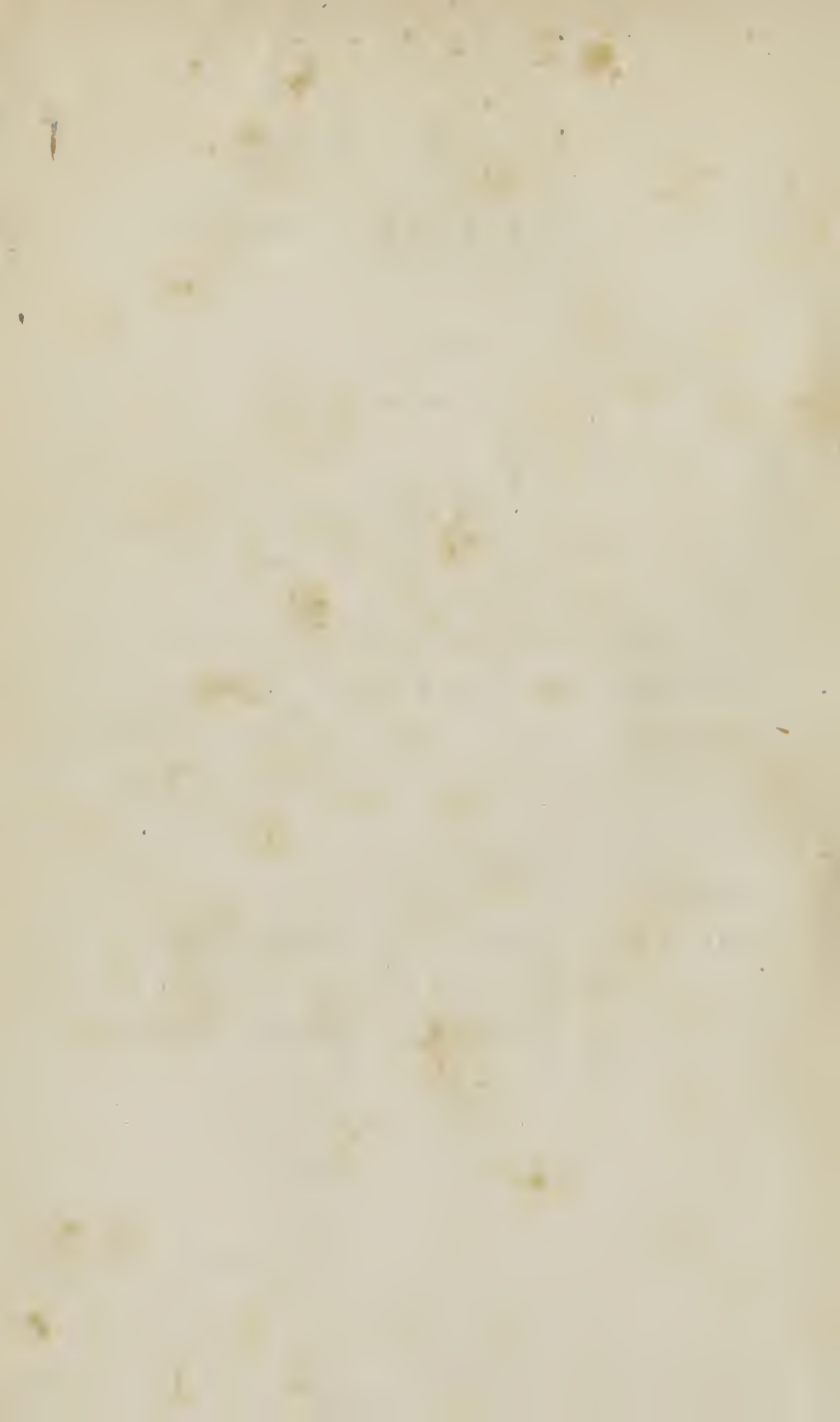
With the most sincere and ardent wish, that your valuable life may be rewarded with the best blessings that heaven can bestow will ever be the prayer of,

DEAR SIR,

YOUR AFFECTIONATE

NEPHEW,

D. MOORE.



TO  
JOHN CLAIBORNE, M. D.  
OF  
VIRGINIA.

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DEAR SIR,

IN prefixing your name to this, the inaugural fruits of my medical studies; commenced under your direction, I feel a peculiar pleasure; but how much greater would it be were this essay more worthy of your attention and patronage. But, however inadequate it may prove to withstand the test of critical disquisition, I do not hesitate in offering it to you, as a token of gratitude, for the genuine politeness, the pleasing manners, and friendly disposition; manifested towards me while under your private tuition.

That you may long live to exercise the duties attached to your respectable station in public life, and to the perfect enjoyment of that health, which your eminent talents has so often contributed to others,

IS THE SINCERE WISH OF

YOUR AFFECTIONATE FRIEND,

AND FORMER PUPIL,

THE AUTHOR.



TO  
JOHN M. WALKER, M. D.  
OF  
BELFIELD VIRGINIA.

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THIS essay is also inscribed as a testimony of respect for his talents as a Physician, his amiable virtues as a man, and for the many services rendered his

FRIEND AND PUPIL,

THE AUTHOR.



## INTRODUCTION.

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AMONG the various diseases incident to man there is none more worthy of notice than those affecting the organs of sight, for such are the circumstances under which we exist, and such our connection with nature around us, that without the enjoyment of this sense, even life itself is scarcely desirable.

And when we consider the importance and delicacy of the organ of vision, we cannot but regret that more has not been done, towards removing one of the most common diseases to which it is subject.

In the following pages I shall deliver some observations, on opthalmia, with its causes and connection with fever in general, and lastly, give a concise view of the method of cure.

In order to render the nature of the disease more intelligible, I shall give a brief description of the structure of the eye and its appendages, and refer for a more minute detail, to anatomical books, where the subject has been investigated at full length.



# DESCRIPTION OF THE EYE AND

## ITS APPENDAGES.

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THE ball of the eye is of a spherical form, which serves the purpose of collecting the rays of light, into a proper focus; situated in the cavity of the orbits surrounded by a quantity of soft fat, which enables it to perform its various motions with facility. Each eye is composed of several Tunics or coats, which inclose within them, the Aqueous, Crystalline, and Vitreous humours.

The Cornea forms the anterior pellucid covering of the eye, is more convex than the other part, and called Cornea Lucida, to distinguish it from the Sclerotica, named Cornea Opaca; from which it may be separated, by a slight degree of putrefaction. The convexity of the Cornea varies considerably in different subjects, forming a long or short sighted eye, according as it is more or less prominent, in the first; constituting, what are called Myopes, and in the latter Presbytæ.

The Tunica Sclerotica, is the strongest coat of the eye and is firmly connected to the Cornea, as to have been considered by some, a continuation of the same substance: but it differs from it in not being lamellated, and can be separated by art as above observed. The Tunica Choroides, lies under the Sclerotica to which it is attached by vessels and nerves which pass from it;

in the human eye, this coat is of a dusty brown colour; but there is great variety in its colour in different animals.

On the inside, this coat is covered with a black pigment which adheres so firmly on the anterior part as to be separated with difficulty. The Choroides begin at the entrance of the optic nerve, and runs between the Sclerotica and Retina, near to the crystalline lens, and then terminates in a cellular ring, which is denominated *Orbiculis Ciliaris*, by which means the Choroides is more firmly attached to the Sclerotica. From this junction of the Choroides and Sclerotica two other membranes originate, and diverge from each other, like two expanded circles.

The Iris was long considered as a continuation of choroid coat, but since the time of Zinn, it has been shewn to be only connected to it through the medium of the ciliary circle. It begins a small way behind the junction of Cornea with the Sclerotica, and runs across so as to form a *Septum*, which divides the space between the Cornea and crystalline lens into two cavities or chambers, called the anterior and posterior chambers. It is a little convex anterior and perforated in the middle by a circular foramen, called pupil, which permits the rays of light to fall on the lens, and from the great mobility of the Iris, is accommodated, to the quantity of light acting on it. Upon the back part of the Iris there is a dark coloured pigmenta and from its resemblance to the grape has received the name of *Uvea*. Upon removing the pigment from the Iris, there appears to be two sets of fibres, which has been a subject of much

dispute among anatomical writers : while some contend, that it is nothing more than condensed cellular membrane, without the smallest vestige of muscular fibres, others are of opinion, that the one set in form of Radii, give the diversity of colour to the eye, the other circular and surrounding the inner edge of the Iris, serves as a sphincter muscle, for the pupil.

The Retina or internal coat appears to be the immediate seat of vision, and is therefore the most admirable part of the visual organ. It is formed by the expansion of the optic nerve, which enters the back part of the ball of the eye a little removed from the axis towards the nose, which immediately after its ingress expands to form the Retina, which advances between the Choroides and Capsule of the Vitreous humour, but does not adhere to either, till it arrives at the fore part of the eye, where it is closely connected to the Capsule of the crystalline lens. Within the membranes that have been described, are contained the three humours formerly mentioned. The Aqueous humour occupies the space between the Cornea and crystalline lens, which is divided into two cavities by the Iris, called anterior and posterior chambers of the eye. It is exceedingly limpid and when evacuated is quickly renewed, which renders it probable that it is secreted from the vessels on the anterior part of the Iris and ciliary processes.

The crystalline lens is situated behind the Aqueous humour opposite to the pupil, where its posterior part is received into a depression in the fore part of the vitreous humour ; it is surrounded by a pellucid capsule, called Tunica crystallina, which is much thicker

than the Capsule of the Vitreous humour to which it adheres so firmly as to be separated with difficulty, without lacerating the Vitreous coat and humour. It is the most dense of the humours and when pressed between the fingers resembles glue of the most tenacious consistence but at the same time is of astonishing transparency.

The Vitreous humour, is much the largest of the humours, occupying, the posterior cavity of the eye and is contained in an extremely fine and delicate membrane called Membrana Hyloidea, which include in its cells a kind of peculiar tremulous jelly.

The ball of the eye is defended by the palpebræ, which are formed by two cartillages called Tarsi, each of which are perforated, by the Puncta Lacrymalia which serve to convey the tears to the Lacrymal Sac, after they have served the purpose of lubricating the eye.

The tears are secreted by two small glands, situated in a depression in the superior and external part of the orbits. The fluid flows from the glands by numerous small Foramina, which terminate on the inner side of the upper eye lids and on the edges of the Tarsus, but from their smallness are seldom discovered by the naked eye.

The tears are directed to the Puncta Lacrymalia by the Carunculæ Lacrymales, two small eminences situated, between the inner angles of the eyelids and ball of the eye of a reddish colour, which keeps them at their proper distance from each other, and with the small glands placed on the edges of the Tarsus, named from their discoverer Glandulæ Meibomianæ, supply

the eyes with a sebaceous matter, that prevents accretion of the eyelids during sleep.

For the better defence of this delicate organ, there is reflected from the skin and eyelids, a transparent membrane denominated *Tunica Conjunctiva*, from its connecting the eye to the orbit, which is so stretched over the surface of the eye, as to obviate the ill consequences which might ensue from the insinuation of extraneous bodies between those tender parts, and to prevent from its great smoothness the effects of friction. Notwithstanding the great delicacy of this pellucid membrane in its healthy state, it is extremely vascular, as is proved, by the alteration produced in it by inflammation to which it is liable.

Thus much it was necessary to premise respecting the eye and its appendages, which seems to contain all that is necessary, to a proper understanding of the following remarks.

## OBSERVATIONS ON OPHTHALMIA.

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I SHALL begin my observations upon this disease by delivering and supporting the following propositions.

That ophthalmia is a state of Fever.

This I infer from the causes which induce it being the same which produce fever in general.

These are such as act directly on the eyes, or indirectly through the medium of the whole system.

The causes which act directly on the eyes are such as produce inflammation, when applied to other tender parts of the body as the Schneiderian membrane, Urethra &c.

These are all extraneous and irritating substances introduced under the eyelids as small gravel, and dust of all kinds are sometimes sufficient for the purpose.

External violence, by blows, contusions, and wounds, applied to the ball of the eye are not an unfrequent cause of the complaint. When slight, the effects are of short duration; but when violent, an incurable blindness is sometimes the consequence.

The application of great heat, with exercise of the eyes in viewing minute objects by fire light.

The application of strong light may be considered as a frequent cause of this disease agreeable to Assalina. When speaking of the ophthalmia of Bologna in Italy; our author has the following remark, "The light

during the summer, becomes so intense that it fatigues and injures the organs of sight, particularly in those persons who, from their sphere in life, or property, cannot avoid it\*.”

The causes which produce this disease, indirectly through the medium of the whole system are more frequent, though less suspected, than those which have been mentioned.

This I infer from its prevailing at the same time with other diseases of the whole system and from its frequently alternating with diseases that affect the whole system, some of which I shall mention and: 1. Intermitting and Remitting fevers. Of the connection of these diseases with Ophthalmia Dr. Munroe has furnished us with a striking instance. “ In January 1739, a sharp pain struck in my right eye, then gradually seized all that side of my face, contracted the eyelids, made the tears rush out and affected all the teeth of the upper jaw. It began between ten and eleven o’clock in the morning increased till about four, in the afternoon, decreased till six, and then went off, without a critical discharge of any kind so far as I could observe. In the paroxysm my pulse had no disorder in it, and in the intervals I was as well as ever. The inconveniency of confinement at that season of the year, and a hope that each fit would be the last, made me suffer, these periodical pains, ten days without trying to remove them by any medicine. The pains increasing daily, and making me at last unable to do any work, I let ten ounces of blood, and took a vomit, a little time before I expected the paroxysm would begin.

\* See Assalini on the plague p. 126.

The vomit operated severely but did not prevent the return of the pain, which continued, till the medicine began to go downwards, when I was relieved, and having purged twenty times before night, I had no more return of the disease\*.”

Dr. Rush when treating of the Bilious remitting fever says “ an inflammation in one eye and in some instances both eyes, occurred in several patients after their recovery,” again when speaking of the same disease he observes “ the pains in the head were sometimes in the back part of it, and at other times they occupied only the eyeballs†”. To which I will add that I have been informed by an ingenious Gentleman, that a part of the state of Tennessee chiefly inhabited by emigrants from the state of Virginia have been very subject to Ophthalmias on their first settling, which they attribute to the use of Lime stone water, and that all new comers are liable to be affected by it, but those who escape it are affected with the intermitting fever or a troublesome Diarrhœ.

But from what I can learn there is no foundation for this opinion. As Ophthalmia is one of the most common forms of disease, in places exposed to miasmatic exhalations; and as there is no country from its richness of soil and luxuriance of vegetation, more exposed to them, than the state of Tennessee, I am induced to believe that it is the effects, of the same remote cause, which under other circumstances would produce the intermitting or remitting fever, but in consequence of predisposing dibility, morbid excitement is invited to the eyes, as being the weakest part,\* whereas in other

\* See Munroe's Works Page 641. †See Medical Enquiries. vol. i

instances, the bowels appears to sustain the injury from the same predisposing cause. This being admitted we shall have no difficulty in explaining the great connection, that exists between the disease in question and many to be hereafter mentioned; which is one among the numerous supporters of the late doctrine of the, Unity of Disease.”

2. The Gout. Of this Dr. Rush has recorded an instance when treating on that disease\*” I have known an instance in which a translation of the gouty action to the eye produced such an exquisite degree of sensibility that the patient was unable to bear the feeble light which was emitted, from a few coals of fire in his room, at a time too when the coldness of the weather would have made a large fire agreeable to him”.

3. The Scarlatina Anginosa. Of the connection of this disease with Ophthalmia, we have many instances on record, one of which I shall relate on the authority of the illustrious professor of the institutes and practice of Medicine. “ In one of the cases of an inflammation of the eye that came under my notice, the patient was affected with a vomiting a few hours before the inflammation appeared and complained of a sickness at his stomach, for two or three days afterwards.”† Now a vomiting and nausea was almost a pathogonomonic symptom of the Scarlatina Anginosa.

4. The Small Pox, Measles, and Mania, are all characterised by a red and watery eye, and where is the Physician that has not read of the inflamed eye in all the books, on great and mortal Epidemics. Not to mention its frequent appearance with an enlargement

\* See Medical Enquiries and observations vol. ii. p. 237.

† See Medical Enquiries, vol. i. p. 149.

of the submacillary glands, thickness of the lips and other certain signs of a scrophulous habit, all of which are diseases of the whole system.

5. And lastly that Ophthalmia is a state of fever, I infer from its being like fevers, Sporadic Endemic and Epidemic at the same season of the year, in which we see other diseases; in proof of which I shall mention some of the most respectable Authorities. Assalini\* when treating of the ophthalmia of Egypt says "The ophthalmia shewed itself among the soldiers of the army of the east, at the commencement of the year (1798.) and continued till the month of frimaire (middle of November) in the year (1799) more than two thirds of the whole army were attacked almost at the same time which made the duty of the garrison very severe. This disease harrassed not only our soldiers, but also the inhabitants of lower and upper Egypt".

Hippocrates when speaking of Epidemics of Thasus, has the following remark "First of all appeared humid ophthalmias, with weeping, pain, and indigestion. Little concreted matter broke out with difficulty on the eyes of many persons returned again in most, and went away at last about autumn"†. Thucydides speaking of the plague of Athens (one of the most fatal on the record of medicine) observes "Others who were in perfect health, were taken suddenly without any apparent cause, with violent heats in their heads and redness and inflammation in their eyes"‡.

In Mr. Wares valuable treatise on the diseases of the eyes||. I find the following remarks. "Like other

\* See Assalini on the Plague p. 116. † See Hippocrates on Epidemics p. 56. ‡ See Hippocrates on Epidemics p. 96. || See Ware on ophthalmia p. 17.

epidemical diseases it often affects a whole neighbourhood at the same time, as was the case during the summer 1771. at Newberry in Burksire and in several of the camps where it was called the ocular disease”.

To the above respectable authority many more might be adduced, in proof of its being a disease of the whole system with a local determination; and the effects which have been ascribed to a translation of morbid matter to the eyes, is explicable on the principles of disability being induced in those delicate organs by which means their vessels are rendered more excitable to irritating impressions acting on the whole system.

And were it necessary in this place, it would be an easy matter to prove the impossibility of inflammation of the eyes continuing for any considerable length of time, from any cause whatever, without bringing the whole system into sympathy; from their peculiar organization. Which will not be doubted by any person who has observed the vivacity and sprightliness, when under the influence of pleasant, and the dull languid eye that accompanies unpleasant emotions of the mind.

That there are exceptions to what I have above laid down will be admitted when the disease is the effect of local irritation of a transient nature; which will in most instances yield to time or local remedies, without bringing on a systematic disease. But nothing more happens here than what takes place in Rheumatism and Dysentery, both of which are systematic diseases and in most instances so acute as to confine the patient to his bed; but how often do we see them both continue in persons for months and even years without a single days confinement. But as these are not properly the objects

of the present essay, and the limits prescribed to these remarks will not allow me to treat the subject at more length, I shall only observe that what has been said of Ophthalmia being a disease of the whole system and its frequent alternations with other general diseases will receive additional support from a detail of its symptoms, and the similarity of treatment between it and other febrile diseases.

## SYMPTOMS OF THE DISEASE.

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THE disease sometimes makes its attack in the most sudden manner; with heat, burning and in some instances pricking pains in the eyes, with a sensation of stiffness in the lids, which is soon followed by an increased secretion of tears which for the moment assuages the pain: on examining the Tunica Adnata which in its natural state is perfectly transparent it will be found of a red colour and the vessel which in common only admit a fine transparent fluid becomes distended with red blood over the whole anterior portion of the eye.

As the inflammation increases, the turgescence of the Adnata increases to that degree, that there is not the least appearance of whiteness neither can any vessel be distinctly seen but an uniform fiery redness pervades the whole surface and sometimes so much enlarged, as to make the Cornea look as if it was depressed or sunk in the globe of the eye, which has been called by Authors chemosis.

When this state of the disease has come on, it is soon communicated to the subjacent membranes and to the immediate seat of vision, which thereby acquires such a degree of sensibility that the slightest impression from light becomes intolerable. It must not however, be inferred from this, that light is the only cause of pain, on the contrary there are instances in which though the light be excluded, the sufferings of the patient are continual and excessive from acute pains which are not confined to the eye and lids only, but extend to the temples, forehead and in some instances are diffused over the whole head with loss of sleep, restlessness and sometimes delirium.

But here I must remark that the pain and danger of the disease is not always in proportion to the appearance of the inflamed eye, and the worst cases and those which are most frequently followed by a total loss of sight are in some instances where inflammation seems to be of the slightest kind; and in some others, where the inflammation appears to be the most violent, the uneasiness is so trifling as scarcely to be mentioned though the eye is constantly open and exposed to light.

When signs of inflammation have not occurred, I suppose the morbid action of the blood vessels exceeds that grade of excitement in which only, inflammation can take place, as is evident in other cases of great morbid action; in the Brain and Abdominal Viscera, and in proof of which I shall relate a case that was communicated to me by Dr. Rush, of a lady that was affected with violent pains in her eyes, without the least sign of inflammation, till after two or three bleedings when her eyes became considerably inflamed which required several more to perform a cure.

When the inflammation from the beginning has been violent, attended with much pain, and does not soon subside from the use of remedies hereafter to be mentioned, an incurable blindness may be expected, or a formation of pus, which is deposited in different parts of the eye.

The matter is at times discharged into the anterior chamber of the aqueous humour where it descends to the bottom, forming a white speck similar to those observed at the root of the nail which has been called *anyx*. At other times a larger quantity is effused into the posterior chamber, where it sometimes inspissated, forming adhesions, to the capsule of the crystalline lens or posterior surface of the Iris, in consequence of which the pupil becomes contracted and in some instances entirely obliterated.

## TREATMENT OF OPHTHALMIA.

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IN entering on the cure of this disease, there would be no end of enumerating the various remedies, that have been proposed as specifics; the number and variety of which are sufficient proofs of their inefficacy. And as it is not my intention to point out the objections that might be made to many of them; it will be sufficient for our purpose, to say if what I have endeavored to prove of Ophthalmia being connected with a morbid state of the whole system, be correct; the efficacy of the remedies for its relief, which I am now to mention, will depend upon their being accommodated exactly to the state of the system.....These are :

1. Bloodletting. When the disease comes on, attended with considerable fever, with violent pains in the head and temples with a full and tense pulse which often happens after exposure to the alternate action of heat and cold; bleeding in as large quantities as the patient can bear will be found necessary; after which if the inflammatory symptoms continue the operation must be repeated as often as the particular circumstances of the case may require....Local bleeding by means of cups, leeches, scarifications, and arteriotomy has been proposed, and should be preferred where the whole system does not sympathise with the inflamed eye....Assalini, when treating on ophthalmia mentions a striking instance of the good effects of local bloodletting in a soldier who experienced such violent pains in his eyes, that being almost frantic he rushed out of his lodgings, and without seeing where he went, fell over some pine and palm trees, and by his fall wounded himself in several places particularly on the palpebrae, from which there followed a good deal of blood: the pains were relieved and he recovered in a few days.....It was by that accident that bleeding came into vogue, and he observes that there was not a single patient who did not desire to be bled either in the arms, foot, temples or jugulars: but cups, leeches, scarifications blisters and setons were substituted with the happiest effects as will appear from the success of the author who mentions, of two thousand attacked with ophthalmia, whom he attended, while in Egypt, not one lost his sight excepting the Abba Elias, interpreter, a man sixty years of age and who at last contracted a speck which prevented him from seeing out of his left eye.....Opening the temporal

artery or one of the external jugulars has been found the most effectual mode of bleeding, as well, as the most speedy for the purpose and its near situation to the seat of the disease renders this mode of depletion peculiarly desirable.....Leeches applied to the temples has been found of great service and has in many instances superseded the use of other local depletion, but of all the modes that have been mentioned, the most effectual when it can be performed without increasing the irritation is the division of the inflamed vessels. This may be effected in the following manner: the lids being separated by the hands of an assistant, the vessels to be operated on, may be raised by a pair of forceps or a small hook, while, with a small pair of curved sharp pointed scissors the operator may cut off the raised and included portion parallel to the circumference of the cornea. Which mode is much preferable to the use of the sharp edged needle or shoulder of a lancet, recommended by some: the operation may be repeated as often as necessary, and will sometimes give relief from the most excruciating pain after all other remedies have failed.

2. Purges. The efficacy of this remedy in the cure of ophthalmia, has been acknowledged in all ages and countries. Jalap, Calomel, Scammony, and Gamboge are all used for this purpose; I am of opinion that all that can be expected from any of this class of medicines may be obtained by the use of Jallap and Calomel combined, which should be used as long as the excitement of the system is considerable; these may be followed by saline purgatives such as Sulphat. Soda, Phosphat, Soda. and Crem. Tart. which will obviate costiveness, and assist in overcoming the remains of inflammatory action.

3. Blisters. When the disease has been severe and all the common methods for relief, have proved abortive the happiest effects have been produced by the application of a blister large enough to cover the whole head.

This remedy is most effectual when applied to the head, neck or temples, and should be kept running for some time by the use of epispastic ointment in chronic cases.

4. Low diet. Through the whole course of the disease every thing that has a tendency to heat and irritate the system, should be slightly avoided as spices, fermented liquors, and the strictest adherence to the antiphlogistic regimen will in most cases be found proper.

5. The abstraction of the stimulus of light by a dark room. In all cases where light is painful to the eyes, a dark room will be found of the greatest importance, as it will obviate the necessity of bandages and pledgets, that by pressing on the highly inflamed organ must aggravate the disease...For this purpose Mr. Ware and Sir Edward Moore Noble has proposed the eyes to be defended from light, by a hood made of pastboard and as they are sometimes more agreeable to the patient than a dark room, they are too often had recourse to.

6. Certain external applications in the form of a Collyria. Some of which I shall mention, but think it necessary to observe that I entirely reject the use of metallic calces, essential oils, and all kinds of insoluble powders, as applications in the inflammatory state of this disease, in which case it would be the height of folly to expect relief from the use of topical applications to the head and eyes.

The febrile symptoms should first claim our attention

and local applications will be made use of to little purpose, without the use of other remedies for their removal.

From the high commendations bestowed on warm water by Mr. Ware in relieving inflammations of the eyes, I am disposed to give it a place in the catalogue of external remedies ; and from having frequently observed, the increased heat and pain which often succeed the use of cold applications, which are so generally in use by practitioners, I think it should always have the preference in recent cases of ophthalmia.

When we wish to make use of this remedy a wine glass should be filled to the brim, with water as warm as can be borne without much pain, and the eye bathed for a few minutes keeping it open and looking at the bottom of the glass ; when drying the eye if the pain is not much relieved in ten or fifteen minutes, the water must again be used and repeated as often as the pain returns ; taking care never to use this remedy where there is great pain, inflammation and throbbing in the eye, as it would have a tendency to promote suppuration, which should always be dreaded under such circumstances. The same author speaks in the most confidential manner of the use of Tinct. Opii. a few drops of which may be dropped in the eye every three or four hours ; when the disease is of a chronic nature this may be tried, but from the great irritability of the eyes in the first stage of the complaint it will seldom be found admissible, but an invaluable substitute for it, agreeable to Sir Edward Moore Noble, will be found in pure alcohol, diluted with water, either with or without a small quantity of Camphor, the strength of which must be accommodated to the irritability of the eye, but should always be as strong as the patient can bear without great pain.

The author of this new remedy whose work on diseases of the eyes may be consulted concludes after long experience of its utility, in recommending it as the best application in most cases, and injurious in none.

For the relief of one of the most distressing symptoms attending an inflammation of the eye; such as pains in the forehead and temples, sometimes with a throbbing of the temples, the same writer recommends the pained part to be rubbed for a few minutes, with a strong Tinct. Tobo. which he says never failed of affording relief.

Some of the external remedies above mentioned are for the most part new, and as far as I can learn have been used but seldom in this country, but upon the respectable authority of their authors, they should have a trial.

The most agreeable application while the inflammation is great, is an infusion of the pith of sassafras which will allay the irritation from the acrid tears, till the inflammatory symptoms are subdued when a solution of Sac. Sat. or Sulph. Zinc. in rain or river water of a proper strength, will in most instances remove the complaint.

7. Mercury. It often happens after all the above remedies have been used to no purpose, this valuable medicine has been known to remove the complaint. Calomel made into pills of two grains each with conserve of roses may be given two or three times a day till a gentle Ptyalism is induced; this should be kept up for a few weeks, by accommodating the doses of the medicine to existing circumstances.

In a paper read before the London Medical Society by Mr. Ware, he has given an instance of the good

effects of Corrosive sublimate, in doses from a quarter to half a grain given once or twice a day, in removing, this disease after every other remedy had been tried without effect; even where there was not the least soreness excited in the mouth he observed it seldom failed in preventing the return of the paroxysm where it put on the intermitting type.

When this disease occurs as a symptom of other diseases as Lues, Scrophula &c. the Original infection will require our first attention and all that can be done for the eyes, will be to keep them cool and as free as possible from all irritation.

But after what has been said I must observe that however mortifying it may be to the pride of medical science, we but too often meet with cases, the unremitting violence of which still remains as monuments of the imperfection of our science; and the unfortunate sufferer in defiance of our best remedies, is alas! doomed to irretrievable darkness.

Thus have I concluded my observations on ophthalmia, sensible of its imperfections for which I claim the indulgence of the candid reader.

It only remains for me to return thanks to the illustrious professors of the University of Pennsylvania for the information derived from their lectures which will ever be esteemed and cherished as my most valuable acquisition; but in a more especial manner to Dr. Rush, for his polite attention to me while confined to a sick bed, which will ever be held in the most grateful remembrance.

FINIS.





Med. Hist.

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